

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Enective October 1, 2001													
		CLAIMS AS	S FILED - PART I (Column 1) (Column 2)			SMALL ENTITY TYPE			OR_	OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			,				RATI		FEE		RATE	FEE	
FOI	₹		NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00	
TO:	TAL CHARGEA	BLE CLAIMS	49 minus 20=		*		X\$ 9	=		OR	X\$18=		
IND	EPENDENT CL	AIMS	<b>↓</b> min	nus 3 = *			X42	=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT							+140	=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	۱L		OR	TOTAL		
CLAIMS AS AMENDED - PART II							SMA	OTHER THA SMALL ENTITY OR SMALL ENTIT					
		- (Column 1)			HEST	1-		7	ADDI-	•	_	-idGA	
NT A		REMAINING AFTER AMENDMENT		PREV	MBER YIOUSLY D FOR	PRESENT EXTRA	RAT	E	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
MEN	Independent	*	Minus	***		=	X42	=		OR	X84=-		
	FIRST PRESE	NTATION OF M	IULTIPLE DEF	PENDE	NT CLAIM		+140	)=		OR	+280=		
l								TAL		OR	TOTAL		
l	ADDIT. FEE												
ļ		(Column 1)			umn 2)	(Column 3)				1		T	
m		CLAIMS REMAINING		NU	SHEST IMBER	PRESENT	RAT	F	ADDI- TIONAL		RATE	ADDI- TIONAL	
E		AFTER AMENDMENT			VIOUSLY ID FOR	EXTRA		_	FEE	1		FEE	
AMENDMENT	Total	*	Minus	**		=	X\$ :	9=		OR	X\$18=		
WE WE	Independent	*	Minus	***		=	X42	2=		OR	X84=		
L	FIRST PRESI	ENTATION OF N	MULTIPLE DE	PENDE	NI CLAIN		+14	0=		OR	+280=		
							T( ADDIT.	OTAL FEE		OR	TOTA ADDIT. FE		
	(Column 1) (Column 2) (Column 3												
		CLAIMS			GHEST	DDCCCNIT			ADDI-	7		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMEN		PRE	UMBER EVIOUSLY ND FOR	PRESENT EXTRA	RA.	TE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	##		-	X\$	9=		OR	X\$18=		
	Independent	1	Minus	***		=	X4	2=		OF	X84=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						]		<del>                                     </del>	7			
							+14			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20" in the state of the stat							ADDIT	OTAL FEE		OF	ADDIT. FE	E	
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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•••										Solication or Docket Number			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
то	TAL CLAIMS		/LQ					RAT	E	FEE	] [	RATE	FEE
FO	₹		NUMBER FILED NUMB			ER EXTRA	BASIC	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			49 minus 20= 2			9	X\$ 9=			OR	X\$18=	522-	
INDEPENDENT CLAIMS			minus 3 = *			3		X40=			OR	X80=	240-
MU	LTIPLE DEPENI	DENT CLAIM P	RESENT					+135=			OR	+270=	
* If	* If the difference in column 1 is less than zero, enter "0" in column 2						١	TOTAL			OR	TOTAL	1472-
	CLAIMS AS AMENDED - PART II										•	OTHER	THAN
(Column 1)					mn 2)	(Column 3)	SMALL ENTITY				OR	SMALL	<u></u>
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE	4	RATE	ADDI- TIONAL FEE
NDW	Total	٠ ٨٥	Minus	**		=		X\$ 9	)=		OR	X\$18=	
AME	Independent	· CHIMGE		***		<u> -</u>		X40	=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135	) <b>=</b>		OR	+270=	
4 1								TO ADDIT. I	TAL		OR	TOTAL ADDIT, FEE	
	(Column 1) (Column 2) (Column 3							ADDI1.1					
OMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total		Minus	<b>**</b>		<u></u>		X\$ 9	)=		OR	X\$18=	
AMEND	Independent	•	Minus	***		=		X40	=	-	OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135	;=	,	OR	+270=	
									TAL		ا م	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)							ADDIT. F	CE !		•	AUUII. FEE	:
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	,	HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NOW	Total	*	Minus	**		=	] [	X\$ 9	=		OR	X\$18=	
AME	Independent	*	Minus	***	T OL 1111	=	1	X40:	= 1		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135				+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								TO	TAL		OR OR	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1										L			